

Provider Inspection Summary
For the period 07/01/2003 to 06/30/2006
Adult Family Home

Facility Information

Facility Name: FAMILY HOUSE 4 (0009200)
Address: 3279 N 11TH ST, MILWAUKEE, WI 53206
License Status: REGULAR
Licensed/Certified/Registered 12/06/2000
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0097182 **End Date:** 04/07/2006 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10009156 Served 06/17/2006

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(2)(a)	DIFFICULTY WALKING		
88.05(2)(b)	GRAB BARS IN TOILET AREA		
88.05(3)(a)	HOME ENVIRONMENT		
88.05(3)(b)	FREE OF HAZARDS		
88.05(3)(h)6	SPACE FOR INDIVIDUAL STORAGE		
88.05(4)(d)2.c	SEMI-ANNUAL FIRE DRILLS		
88.06(2)(a)2	HEALTH EXAM NOT REQUIRED SHORT RESPITE		
88.06(3)(f)	REVIEW OF ISP		

Survey ID: 0092339 **End Date:** 04/01/2004 **Type:** STANDARD **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Survey ID: 0091889 End Date: 12/16/2003 Type: STANDARD Purpose: SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10008949 Served 02/03/2004

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(b)	FREE OF HAZARDS	04/07/2006	No
88.05(4)(b)1	FIRE SAFETY-SMOKE DETECTORS	04/07/2006	Yes

Survey ID: 0091109 End Date: 07/23/2003 Type: OTHER Purpose: COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0091135 End Date: 07/23/2003 Type: OTHER Purpose: COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Adult Family Home

Enforcement History

Date: 06/16/2006	SOD #10009156	Appealed: No
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Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

Date: 02/02/2004	SOD #10008949	Appealed: No
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Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

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Provider Inspection Summary
For the period 07/01/2003 to 06/30/2006
Adult Family Home

Complaint History

Date Complaint Received: 03/02/2004

Date Investigation Completed: 04/01/2004

Subject Area(s)

SUPERVISION
NUTRITION & FOOD SERVICES
MEDICATIONS
STAFF ADEQUACY
PROGRAM SERVICES

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 12/03/2003

Date Investigation Completed: 12/16/2003

Subject Area(s)

PROGRAM SERVICES

Result

NOT SUBSTANTIATED

SOD #

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